



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: COMPANION HOMES POLICY 4.12

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Authority: [Chapter 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-825 WAC](#) *DDD Services Rules*  
[Chapter 388-828 WAC](#) *DDD Assessment*  
[Chapter 388-829C WAC](#) *Companion Homes*

### **PURPOSE**

This policy establishes the requirements for Companion Home (CH) providers that clarify or are in addition to requirements outlined in rule.

### **SCOPE**

This policy applies to all field services offices of the Developmental Disabilities Administration (DDA) and contracted CH providers.

### **DEFINITIONS**

**Goals** means what the person has identified they want to accomplish with the supports provided by the provider.

**Habilitation** means those services delivered by providers intended to assist persons with developmental disabilities acquire, retain, and improve upon the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

**Instruction** means an active process of teaching in a particular skill or subject.

**Support** means the implementation of direct care services to ensure assessed needs are met and build capacity.

### **POLICY**

- A. Companion Homes provide residential services and supports in an adult foster care model to no more than one (1) adult DDA client. The services are offered in a regular family

residence approved by DDA to assure client health, safety, and well-being. DDA reimburses the provider for the instruction and support service. Companion homes provide 24-hour available supervision.

- B. Companion Home providers are expected to be familiar with and adhere to applicable requirements outlined in their contract, WAC, and applicable DDA policies.
- C. Companion Home services are to be provided in an integrated setting and facilitate the client's full access to the greater community, including opportunities to seek employment and work in competitive, integrated settings, engage in community life, control personal resources and receive services in the community in the same manner as individuals without disabilities.
  - 1. The client's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.
  - 2. The client's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented.
  - 3. The client's home is a specific physical place that can be owned, rented, or occupied under another legally enforceable agreement by the individual receiving services. The client has the same responsibilities and protections from eviction from their home under the landlord tenant law of the state of Washington, county, city or other designated entity as the general public.
  - 4. Clients have the right to privacy in their sleeping and/or living unit.
  - 5. Clients are allowed lockable doors to their sleeping unit with appropriate others having keys to the door(s).
  - 6. Clients have the freedom and support to control their own schedules.
  - 7. Clients are able to have visitors of their choosing at any time.

## **PROCEDURES**

### **A. Referral**

- 1. Prior to referring a client to residential service providers, the DDA Case Resource Manager (CRM) must obtain a signed [DSHS 14-012](#), *Consent*, from the client and/or the client's legal representative. The form must have been signed within the last six (6) months.

2. The Resource Manager (RM) and the CRM will work collaboratively on client referrals.
  - a. The CRM will identify the current needs of the client through the DDA Client Assessment process, submit a Waiver request if one is needed, and prepare the referral packet.
  - b. DDA will consider the following factors when reviewing client requests for residential services and identifying potential service providers and distributing referrals:
    - 1) Personal preference of the individual being referred;
    - 2) Parent/legal representative requests;
    - 3) Provider's ability to meet the client's health, safety, and program needs; and
    - 4) Needs of all persons in the residence, including safety and protection.
  - c. The RM will distribute the referral packet to the potential service provider and receive the providers' response.
3. The CRM will compile the contents of the referral packet. The referral packet must include all required forms and available information in the client record, including:
  - a. Legal representative information and documentation;
  - b. The client's current DDA Assessment and Individual Support Plan (ISP);
  - c. Dates, sources, and copies of the most recent psychological and/or mental health evaluations, including any behavioral and psychiatric information and treatment plans;
  - d. A summary of incidents that warranted an Incident Report (IR) within the past twelve (12) months, including behavioral incidents and medical issues;
  - e. Criminal history, if applicable;
  - f. Educational and vocational records, including Individual Education Plan (IEP) information if available;

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- g. Financial information (may be found in ACES), such as:
- 1) Verification of Social Security Administration (SSA), Supplemental Security Income (SSI) status;
  - 2) Eligibility for financial assistance (e.g., food stamps, Medicaid);
  - 3) Earned and unearned income and resources;
  - 4) Payee information; and
  - 5) Client receiving State Supplementary Payment (SSP) funds;
- h. Medical history, immunization records, and medications.

Note: A client's Hepatitis B Virus (HBV) and HIV status are confidential and cannot be shared ([RCW 70.24.105](#));

- i. Nurse delegation assessments, when applicable. The contracted Registered Nurse (R.N.) must use [DSHS 10-217](#), *Nurse Delegation: Nursing Assistant Credentials and Training*;
- j. List of family members and names and addresses of all significant people in the client's life;
- k. Adults with challenging support issues who have a history of offenses and/or behaviors that may be of concern must be identified on [DSHS 10-234](#), *Individual with Challenging Support Issues*, and are subject to the additional procedures described below when being referred for services;

The CRM will include the following in addition to [DSHS 10-234](#), *Individual with Challenging Support Issues*:

- 1) Describe the level of supervision and support needed by the client as identified in their DDA Assessment;
- 2) Identify any significant risks to others posed by the client and what supports are necessary to manage these risks. This must include the risk posed by the client to vulnerable people (e.g., housemates, children, neighbors, schools, childcare centers, etc.); and
- 3) Provide the names and phone numbers of people to call if the client's behavior becomes dangerous beyond the provider's ability to ensure the safety of the client or others.

4. The CRM will send the completed referral packet to the RM team for processing;  
and
5. The RM will forward the referral packet information to the provider.

**B. Rate Setting**

1. CH services are paid utilizing a daily rate.
2. The daily rate is established by determining an accumulative score from the Support Assessment Scales in the CARE Assessment and multiplying the total by the most current payment multiplier, which is based on legislative appropriation. This multiplier will be furnished by the Companion Home Program Manager.
3. Support Assessment Scales used include:
  - a. Activities of Daily Living (ADL);
  - b. Behavior;
  - c. Interpersonal Support;
  - d. Medical;
  - e. Mobility; and
  - f. Protective Supervision;

Note: Caregiver Risk Level is not used for the purpose of establishing the CH daily rate.

4. From the Summary screen of the Current ISP, locate the Support Assessment Scales;
5. Assign the following numerical values to each of the six (6) Support Assessment Scales listed in 3. above:
  - a. None = 0
  - b. Low = 1
  - c. Medium = 2
  - d. High = 3

- e. Assign a “4” to the behavior score if the client:
  - 1) Has been identified as an individual with challenging support issues; and
  - 2) There is a positive behavior support plan in place.
- 6. Multiply the sum by the most current payment multiplier, furnished by the Companion Home Program Manager, to derive at the CH daily rate;
- 7. Rates developed/identified outside of the process require an Exception to Policy (ETP.)

C. **Companion Home Respite**

- 1. CH clients are eligible to receive respite care to provide intermittent relief to the CH provider. Providers of CH respite must have a current contract for respite services with DDA.
- 2. Annual respite hours are determined by the CARE Assessment. Additional information can be found in [Chapter 388-828 WAC](#).

D. **Companion Home Habilitation Goal**

- 1. The DDA CRM, in collaboration with the CH client, the client’s representative and the CH provider, will develop a minimum of one (1) habilitation goal that the provider will actively support their client to accomplish. This goal will be documented in the ISP/DDA Person-Centered Service Plan. The goal will include instructions of how the goal should be supported and how the goal progress will be measured.
- 2. The CH provider will provide a written report on the progress made to achieve the habilitation goal at least every six (6) months or sooner if requested.

E. **Quality Assurance**

- 1. The DDA CRM will conduct an assessment, at least annually, at a place of the client’s choosing. If the assessment is not held in the client’s home, the CRM will visit the client in their home at an alternate time.
- 2. The CH provider will participate at least annually in a review and evaluation process. The contracted CH evaluator will review compliance with [Chapter 388-829C WAC](#), this policy, and the CH contract and identify required corrective actions, as necessary.

3. The CH provider will complete all required corrective actions resulting from the evaluation process within the timeframe provided and provide to the Resource Manager.

**EXCEPTIONS**

Exceptions to this policy may be approved by the Deputy Assistant Secretary or designee.

**SUPERSESSSION**

None.

Approved:     /s/ Donald Clintsman      
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2015